



"Demand Letter"



Learn about your letter at [www.msprc.info](http://www.msprc.info)

08/29/2008

1330 4 SP 1.340  
\*\*\*SINGLP 720- R:1330 T:26 P:75 PC:21 F:12307  
STATE OF INDIANA TRAD II PAYROLL  
402 W WASHINGTON ST  
INDIANAPOLIS IN 46204

**RECEIVED**

SEP 19 2008

Indiana State  
Personnel Department

Dear Employer:

We are writing to advise you that your organization either has sole liability or shares liability for a debt to the Medicare program. The following explains how this happened and what you must do to resolve this matter.

**How This Happened**

This recovery claim arises because Medicare mistakenly made primary payments for services furnished to the identified Medicare beneficiary(ies) below for which the actual primary payment responsibility lies with a group health plan (GHP) that you sponsor or to which you contribute. Although the identified individuals may be entitled to Medicare, when certain conditions delineated within the Medicare laws (42 U.S.C. § 1395y(b)) and regulations (42 C.F.R. § 411.20ff) are satisfied, the Medicare Secondary Payer (MSP) statute requires GHPs to make primary payment for services furnished to Medicare beneficiaries who are also covered by a GHP. Medicare was not aware that these conditions were satisfied at the time it made primary payment for certain services, but information now available indicates that these conditions were satisfied when the services were furnished.

The MSP statute and regulations require Medicare to recover primary payments it mistakenly made for which a GHP is the proper primary payer. We may recover from any entity responsible for making primary payment, including employers that sponsor or contribute to GHPs, other plan sponsors, and insurers. You are receiving this letter because you are responsible for payment by virtue of the Medicare law, and we want to afford you the opportunity to resolve this matter. We encourage you to contact other entities, such as the plan itself or the plan's insurer (if any), that are also entities responsible for payment, for assistance in resolving this matter. However, you may not transfer responsibility to resolve

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MSPRC

"Notice of Intent to Refer"

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES



Learn about your letter at [www.msprc.info](http://www.msprc.info)

12/02/2008

6147 1 MB 0.369

\*\*\*AUTO\*\*MIXED AADC 720- R:6147 T:28 P:59 PC:3 F:16901

STATE OF INDIANA

AUDITOR OF STATE

200 W WASHINGTON ST STE 144

INDIANAPOLIS IN 46204-2731



RE:

Past-due debt owed CMS as of 12/02/2008: \$128.00

Date debt became past-due: 01/29/2008

Date of Demand Letter previously sent: 11/30/2007

Debt Identification Numbers:

Beneficiary's Name:

Dear STATE OF INDIANA:

**NOTICE OF INTENT TO REFER DEBT TO THE DEPARTMENT OF TREASURY OR A  
DEPARTMENT OF TREASURY DESIGNATED DEBT COLLECTION CENTER FOR  
CROSS-SERVICING AND OFFSET OF FEDERAL PAYMENTS**

(Please note that it is possible that this letter is being sent to you by a Medicare contractor other than the one who issued the request(s) for repayment that is (are) attached to this letter. This situation would occur whenever one contractor has assumed responsibility for a particular workload from another contractor (usually because the initial contractor is leaving or has left the Medicare program).

Medicare Secondary Payer Recovery Contractor

GHP

P.O. Box 33829

Detroit, MI 48232-5829

**RECEIVED**

DEC 05 2008

Indiana State  
Personnel Department



DEPARTMENT OF THE TREASURY  
FINANCIAL MANAGEMENT SERVICE  
BIRMINGHAM, AL 35283-0794

February 28, 2009

"10 day notice"

RECEIVED  
MAR 09 2009

By: A Human Resources

STATE OF INDIANA  
AUDITOR OF STATE 200 W WASHING  
INDIANAPOLIS, IN 46204

FedDebt Case Identification: 2009067448A  
Agency Debt Identification: 740186717

Dear STATE OF INDIANA:

Your unpaid delinquent debt owed to the Department of Health and Human Services, Centers for Medicare & Medicaid Services, Medicare Secondary Payer Debt, has been referred to the U.S. Department of the Treasury for collection. According to the records of the Department of Health and Human Services, you owe \$132.03.

Collection action will continue unless you make payment, within ten (10) days from the date of this letter, in the amount of \$132.03, which includes all applicable fees, interest, and penalties, as of today.

If you wish to avoid further collection action and additional charges, you must immediately pay your debt. Your check or money order should be made payable to the U.S. Treasury-FMS. To ensure proper credit to your account, please include the FedDebt Case Identification Number 2009067448A in the memo section of your payment. Please note that we accept credit card payments via MasterCard, Visa, Discover, or American Express. Please send your payment with the attached PAYMENT COUPON to: U.S. Department of the Treasury - FMS  
Debt Management Services  
Post Office Box 70950  
Charlotte, NC 28272-0950

You may also make an electronic payment via pay.gov:  
(<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=16531440>).

Correspondence should be mailed to: U.S. Department of the Treasury  
Debt Management Services  
Post Office Box 830794  
Birmingham, AL 35283-0794

If you are unable to pay your debt in full, please contact a Customer Service Representative toll free at (888) 826-3127, or the Telecommunications Device for the Deaf (TDD) at (866) 896-2947.

U. S. Department of the Treasury  
Debt Management Services

DSBDL\_003\_fdv1

Detach Here  
PAYMENT COUPON

STATE OF INDIANA  
AUDITOR OF STATE 200 W WASHING  
INDIANAPOLIS, IN 46204

FedDebt Case Identification Number:  
Amount Due: \$132.03  
Amount Enclosed: \_\_\_\_\_

Remit to:  
U.S. Department of the Treasury -- FMS  
Debt Management Services  
Post Office Box 70950  
Charlotte, NC 28272-0950

METHOD OF PAYMENT (check one):			
Make check/money order payable to: U.S. Department of Treasury - FMS			
<input type="checkbox"/> Personal/Company Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Bank Check	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Credit Card Account Number: _____			
Expiration Date: _____		Authorized Amount: _____	
Authorized Signature: _____			

070950

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FINANCIAL MANAGEMENT SERVICE  
P.O. BOX 1686  
BIRMINGHAM, ALABAMA 35201-1686

" Offset Notice "

THIS IS NOT A BILL - PLEASE RETAIN FOR YOUR RECORDS

06/30/09

RECEIVED

STATE OF INDIANA  
AUDITOR OF STATE 200 W WASHING  
INDIANAPOLIS, IN 46204

JUL 07 2009

Indiana State  
Personnel Department

Dear STATE OF INDIANA:

As authorized by Federal law, we applied all or part of your Federal payment to a debt you owe. The government agency (or agencies) collecting your debt is listed below.

Debt Management Servicing Center	\$268733.67
Debt Management Servicing Center	\$193.06
Debt Management Servicing Center	\$5223.81
Debt Management Servicing Center	\$321.30
Debt Management Servicing Center	\$245.29
Debt Management Servicing Center	\$1727.66
Debt Management Servicing Center	\$161.44

Debt Management Servicing Center	\$158.68
Debt Management Servicing Center	\$1728.09
Debt Management Servicing Center	\$177.83
Debt Management Servicing Center	\$186.36
Debt Management Servicing Center	\$5640.92
Debt Management Servicing Center	\$53.92

SEE MORE OFFSETS ON ATTACHED PAGES

The Agency has previously sent notice to you at the last address known to the Agency. That notice explained the amount and type of debt you owe, the rights available to you, and that the Agency intended to collect the debt by intercepting any Federal payments made to you, including tax refunds. **If you believe your payment was reduced in error or if you have questions about this debt, you must contact the Agency at the address and telephone number shown above.** The U. S. Department of the Treasury's Financial Management Service cannot resolve issues regarding debts with other agencies.

We will forward the money taken from your Federal payment to the Agency to be applied to your debt balance; however, the Agency may not receive the funds for several weeks after the payment date. If you intend to contact the Agency, please have this notice available.

U. S. Department of the Treasury  
Financial Management Service  
(800) 304-3107  
TELECOMMUNICATIONS DEVICE FOR THE DEAF (TDD) (866) 297-0517

**PAYMENT SUMMARY**

PAYEE NAME: STATE OF INDIANA

PAYMENT BEFORE REDUCTION: \$356099.70

TOTAL AMOUNT OF THIS REDUCTION: \$356098.70

PAYING FEDERAL AGENCY: Department of Veterans Affairs FSC

PAYMENT DATE: 06/30/09

PAYMENT TYPE: EFT

